

# Form CT-3911

## Taxpayer Statement Regarding Refund

### Part I Refund Information

Check all boxes that apply:

- ☐ I did not receive a refund check.
- ☐ I received a refund check, but it was lost, stolen, or destroyed.
- ☐ I received a refund check and signed it.
- ☐ I received correspondence about the tax return. (Attach a copy if possible.)

Type of return filed:

☐ Individual, Form \_\_\_\_\_ ☐ Business, Form \_\_\_\_\_ ☐ Other \_\_\_\_\_

Tax period: \_\_\_\_\_ Date filed: \_\_\_\_\_

### Part II Taxpayer Information

Print your name, Taxpayer Identification Number (for individuals, this is your Social Security Number; for businesses, this is your Connecticut Tax Registration Number), and mailing address. If you filed a joint return, you must complete Line 1 and Line 2. Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

1. Your Name (or business name)	Taxpayer Identification Number				
2. Spouse's Name (if joint return)	Taxpayer Identification Number				
3. Address (number and street)	PO Box	Apt. No.	City	State	ZIP Code
4. Telephone number where you can be reached between 8 a.m. and 5 p.m.			Daytime Telephone Number (     )		

If any of the above has changed since you filed your tax return, enter the information below exactly as shown on your return.

5. Name(s) (or business name)	Taxpayer Identification Number(s)				
6. Address (number and street)	PO Box	Apt. No.	City	State	ZIP Code
7. Name of individual making the request if different from above.			Relationship to above individual or title (if business return)		
8. Address (number and street)	PO Box	Apt. No.	City	State	ZIP Code

### Part III Signature

Please sign below **exactly** as you signed the return. For a joint return, **both** you and your spouse must sign this form. For business returns, the signature must be of the person authorized to sign the check.

**Declaration:** I declare under penalty of law that I have examined this document and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Please Sign Here	Your Signature	Title (if business return)	Date
	Spouse's Signature (if joint return)		Date

If it is determined that your refund check was cashed, you will receive a copy of the cashed check. If it is determined that your refund check was not cashed, a stop payment will be placed on the original check and you will receive a replacement check. If you do not receive either of the above within six weeks from filing this form, contact the Refund Unit at 860-297- 4845.

### Part IV Where to File

Mail to: Department of Revenue Services  
Refund Unit  
PO Box 5035  
Hartford CT 06102-5035